| X\$18=             |                        |     |
|--------------------|------------------------|-----|
| X84=               |                        |     |
| +280=              |                        |     |
| TOTAL<br>DIT. FEE  |                        |     |
| RATE               | ADDI-<br>TIONAL<br>FEE |     |
| X\$18=             |                        |     |
| X84=               |                        |     |
| +280=              | -                      |     |
| TOTAL<br>DDIT. FEE |                        |     |
|                    |                        |     |
| RATE               | ADDI-<br>TIONAL<br>FEE | Bes |
| X\$18=             |                        |     |
| X84=               |                        | δ   |
| +280=              |                        |     |
| TOTAL<br>DDIT. FEE |                        | ၂၂  |
| nn 1.              |                        |     |

|                         | PATENT A   | APPLICATIO<br>Effect                      | N FEE DE           |                               |                                | ON RECOF                 | RD           |            | 10                     | 00        | -8116               | 7                      |
|-------------------------|--|---|--------------------|-------------------------------|--------------------------------|--------------------------|--------------|------------|------------------------|-----------|---------------------|------------------------|
|                         |  | CLAIMS AS                                 | FILED -<br>(Column |                               | l<br>(Colui                    | mn 2)                    | SMAL<br>TYPE | L EI       | NTITY                  | OR        | OTHER<br>SMALL I    |                        |
| ТО                      | TAL CLAIMS   |   |                    |                               |                                |                          | RAT          | E          | FEE                    |           | RATE                | FEE                    |
| FOR                     |  | NUMBER FILED                              |                    | NUMB                          | ER EXTRA                       | BASIC                    | FEE          | 370.00     | OR                     | BASIC FEE | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS |  | 19 minus 20=                              |                    | *                             |                                | X\$                      | 9=           |            | OR                     | X\$18=    |                     |                        |
| INDEPENDENT CLAIMS      |  | 2 minus 3 =                               |                    | *                             | X4                             |                          | 2=           |            | OR                     | X84=      |                     |                        |
| MU                      | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT             |                               |                                |                          | +14          | 0=         |                        | OR        | +280=               |                        |
| * If                    | the difference   | in column 1 is                            | less than ze       | ero, ente                     | r "0" in c                     | olumn 2                  | TOT          | AL         |                        | OR        | TOTAL               |                        |
|                         | C  | LAIMS AS A<br>(Column 1)                  | MENDED             | - PAR<br>(Colu                |                                | (Column 3)               | SMA          | LL!        | ENTITY                 | OR        | OTHER<br>SMALL      |                        |
| AMENDMENT A             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | HEST<br>IBER<br>OUSLY          | PRESENT<br>EXTRA         | RAT          | Έ          | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| NON                     | Total  | + 91@                                     | Minus              | ** (                          | Ō                              | =                        | X\$ :        | 9=         | 9                      | QR        | <b>∆</b> X\$18=     |                        |
| AME                     | Independent  | * <b>L</b>                                | Minus              | ***                           | 3<br>T.C.I.A.IM                | = (                      | X42          | ?=         | 42                     | OR        | У<br>Х84=           |                        |
|                         | FIRST PRESE  | NTATION OF MI                             | JUIPLE DEF         | PENDEN                        | CLAIN                          |                          | +14          | )=         |                        | OR        | +280=               |                        |
|                         |  |   |                    |                               |                                |                          | TO<br>ADDIT. | TAL<br>FEE |                        | OR        | TOTAL<br>ADDIT. FEE |                        |
|                         |  | (Column 1)                                |                    |                               | mn 2)                          | (Column 3)               |              |            |                        |           |                     |                        |
| ENDMENT B               |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA         | RAT          | E          | ADDI-<br>TIONAL<br>FEE |           | RATE                | ADDI-<br>TIONAL<br>FEE |
| N N                     | Total  | *   | Minus              | **                            |                                | =                        | X\$ :        | 9=         |                        | OR        | X\$18=              |                        |
| AME                     | Independent  | *   | Minus              | ***                           |                                | =                        | X42          | ?=         |                        | OR        | X84=                |                        |
| Ĺ                       | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF        | PENDEN                        | CLAIM                          |                          | +14          | )=         |                        | OR        | +280=               |                        |
|                         |  |   |                    |                               |                                |                          | TC           | TAL        |                        |           | TOTAL               |                        |
|                         |  | (Oalessa 4)                               |                    | <b>(0</b> -1                  | C\                             | (O-1:: 0)                | ADDIT.       | FEE        | <u>.</u>               | JON       | ADDIT. FEE          |                        |
| ΔL                      | e de la companya de l | (Column 1) CLAIMS REMAINING AFTER         |                    | HIGH<br>NUM                   | MN 2)<br>HEST<br>IBER<br>OUSLY | (Column 3) PRESENT EXTRA | RAT          | E          | ADDI-<br>TIONAL        |           | RATE                | ADDI-<br>TIONAL        |
| AENT                    |  | AMENDMENT                                 |                    |                               | FOR                            | LATIA                    |              | _          | FEE                    |           |                     | FEE                    |

| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |  |
|-------------|--|---|-------|---|------------------|--|--|
|             | Total  | *   | Minus | **  | =                |  |  |
| ME          | Independent                                    | *   | Minus | ***   | =                |  |  |
| ۲           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |  |  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column

OR

OR

X\$ 9=

X42 =

+140=

TOTAL ADDIT. FEE

Application or Docket Number

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."